

FORM LM-30
ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. Filing Office File Number 5411	2. Fiscal Year Covered From 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. GARY J BARTSCH	4. Name, file number, and address of labor organization. Name T.I.E.A.T.J.U.F. Labor Organization File Number 5411 003818 P.O. Box, Building and Room Number, if any Street 604 NORTH GREAT SOUTHWEST PARKWAY City ARLINGTON State Texas ZIP Code + 4 76011-5425
5. Position in labor organization. COORDINATOR	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

03-21-06

Date

512-200-2035

Telephone Number

or (b) economic benefit with monetary value from a business (1) a which consists of buying from, selling or leasing to, or otherwise dealing with the business
 (2) your labor organization represents or is actively seeking to represent, or
 (3) consists of buying from or selling or leasing directly or indirectly to, or otherwise
 (4) organization or with a trust in which your labor organization is interested.

10. Name of Business (including trade name, if any).

T.I.E.A.T.J.U.F.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 604 NORTH GREAT SOUTHWEST PARKWAY

City ARLINGTON

State Texas

ZIP Code + 4 76011-5425

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

11. If 9.b. or 9.c. is checked give trust or employer's name.

Name T.I.E.A.T.J.U.F.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 604 NORTH GREAT SOUTHWEST PARKWAY

City ARLINGTON

State Texas

ZIP Code + 4 76011-5425

11.a. Nature of such dealing.

AREA APPRENTICE COORDINATOR

11.b. Approximate dollar value of such dealing.

\$1,000,000

12.a. Nature of interest held or income received.

T.I.E.A.T.J.U.F. PAYS WAGES INCLUDING FRINGES FOR
 HOURS WORKED \$40,172.00
 REIMBURSES EMPLOYEES FOR TRAVEL COSTS AND MILEAGE
 WHILE TRAVELING FOR JOB SPECIFIC DUTIES. \$5,808.22

12.b. Amount.

\$45,980

C. Received from any employer (other than an employer covered under parts A and B above)
 or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant
 (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment